

cell lines now from the surplus cells, from the repair kit.

So now I think that all ethical arguments disappear, because the parents are making two decisions that we are not a part of; we don't even get involved. They make a decision to have in vitro fertilization; then they make the decision to establish a repair kit. And only after the repair kit is established do we ask for some surplus cells from the repair kit.

I am very pleased that there is this possibility, because I understand, and I have a number of prolife friends who have decided that since these surplus embryos are going to be thrown away anyhow that you may as well try to get some medical benefit from them. That may be, for some, a compelling argument. And if I didn't believe that there was an alternative to that, it might be a more compelling argument.

But since there is an alternative to that and we don't have to offend the sensibilities of a large number of people in the country, and I am one of them; I am a little different, I guess, because I am a scientist and understand these things a little from that perspective, too. But I am devoutly prolife.

And I am just so pleased, Mr. Speaker, that we will have the opportunity shortly in the House as they are doing in the Senate to vote on a bill that can go to the President's desk, where he can sign the bill and say, I am really happy that we have here a bill that gives all of the promise of embryonic stem cell research without destroying or even hurting embryos.

#### VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the 5-minute special order of the gentleman from Texas (Mr. BURGESS) is vacated.

There was no objection.

#### AVIAN INFLUENZA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Texas (Mr. BURGESS) is recognized for 20 minutes.

Mr. BURGESS. I thank the Speaker for that consideration.

Mr. Speaker, I wanted to come to the floor tonight to speak just a little bit about a situation that we have had to address here in Congress, and we likely will have to think about it some more over the coming year or years, and that is the issue of avian influenza.

The important thing to remember when we talk about bird flu, or avian influenza, is, there are different types of flu. We are all familiar with the common type of influenza, the one that we all get a flu shot for or should get a flu shot for every year. And the reason we have to be vaccinated every year is because there are modest changes that occur in the genetic

makeup of this virus year in and year out, a so-called genetic drift.

Avian flu refers to a virus that is currently present only in birds, but has on occasion made the transition to a human host with rather significant effects. This reflects a bigger genetic change than can occur in the flu virus from time to time, a so-called genetic shift. This could become a major health threat to humans.

As of June 20, 2006, the World Health Organization has confirmed 228 human cases with 130 deaths. It doesn't take much to do the math to see that that is a mortality rate in excess of 50 percent for this virus.

Now, the trouble signs that are already present. We do have the virus present in birds; there is a wide geographic setting with involvement of other animals, including cats and tigers. Bird-to-human transmission has occurred, but it has occurred only with inefficiency; and there has been on occasion, through close household contact, inefficient human-to-human transmission.

Steps one through four have occurred since 1997, and I must stress, they have occurred in the Eastern Hemisphere of the world. There have been no reported cases in birds or humans in the Western Hemisphere.

The last step in this process, the efficient human-to-human transmission of this virus, has not occurred. If that step does occur, and it is certainly not certain that it will, but if that step does occur, that would trigger the onset of the possibility of pandemic flu.

One of the big problems that we have with this virus, as humans, is that we have no underlying immunity to this virus, so that if the virus is introduced to the community where it can spread easily from person to person, it could progress very rapidly through the population.

Now, pandemics are not new phenomena; they occur and have occurred over the centuries. They happen about every 35 years, approximately three per century. And, indeed, in the 20th century there were three such epidemics. In 1918, the so-called Spanish flu killed 50 million people worldwide. In 1957, the Asiatic flu killed 170,000 people in the United States. And, in 1968, the Hong Kong flu killed 35,000 people in the United States.

What would happen if a pandemic flu were to reemerge? The Department of Health and Human Services estimates that for a moderate outbreak like the Asian flu pandemic in 1957, we could see over 200,000 deaths in this country. In a worst-case scenario, such as the Spanish flu pandemic in 1918, almost 2 million deaths would be estimated to occur in the United States.

□ 2030

Mr. Speaker, I have a couple of maps that show some of the progression of this illness across the globe. Looking here at this first map, the eastern part

of the world, avian flu cases are depicted in blue, human cases in black. On this map you will see almost 50 countries that have been involved with avian flu in bird populations and a smaller number, 10 countries, have reported human cases which have moved with some difficulty from birds to humans.

Looking at a map that shows the progression of this illness in birds, we see that in Hong Kong in 1997 when the disease was first reported, there has been a gradual progression westward since that time. June of 2004, the disease had progressed to Vietnam. June of 2005, the disease was reported in Iraq. In 2006, Turkey. In March of 2006, it had made an appearance in Egypt, and the progression is westward.

This inset map on the bottom, the orange lines, and it is difficult to see, but that outlines the places where bird populations, domestic bird populations, poultry populations and human populations tend to overlap. You can see in the areas in China and Vietnam and Southeast Asia where that appears to have been a significant issue, and you can see some areas of the United States that would be at risk if bird flu actually spread to this country.

To date, the disease has been endemic in birds and over 200 million birds have been culled in the last 3 years. This is significant in that there are many parts of the world that rely on poultry as literally a means of currency, and this has been a very difficult thing for some countries to accomplish. But a critical aspect of the prevention of the disease is if we can stop it in birds and never have to worry about it in humans, it is going to be much, much better for us as a people.

Let me take these out of the way for a moment and demonstrate one of the issues that is so striking about this illness because it does occur in wild birds. This is a map that shows the migratory flyways across the world. It is thought that this virus is spread by migratory birds to poultry populations. The countries with outbreaks in general have a high concentration of poultry. There is some concern because there are two of these flyways, as you can see, the East Atlanta Flyway which goes from the African continent up into the polar regions of Canada, and then the East Asia Flyway which comes up through Australia and comes into Canada and Alaska.

Now, it is unknown whether the virus will make a transition to the Western Hemisphere by these routes, but the routes suggest there could be some risk. And for that reason, there has been increased testing across the United States starting in Alaska with nearly 100,000 samples taken from live and dead wild birds, and 50,000 samples from water from high-risk waterfowl habitats to be tested in 2006 alone.

The World Health Organization has identified six levels of pandemic alert, and we are currently at level 3 with limited human-to-human transmission.